

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3729AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/31/2009
NAME OF PROVIDER OR SUPPLIER SPRING VALLEY ALZHEIMERS CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5310 SHARON MARIE COURT LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 03/31/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for 8 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 5. Five resident files were reviewed and three employee files were reviewed. There were no complaints investigated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	Y 000	<i>POC Acceptable 4/2/09 J. Cane</i>	
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This RULE: is not met as evidenced by: Based on record review and interview on 03/31/09, the facility failed to ensure 1 of 3	Y 105	<i>Y105 (A) Employee #3 has been advised to retake fingerprinting and resubmit. (Attachment 1 and 2) (B) AN EMPLOYEE audit sheet will be inserted on page 1 of employee file to be sure requirements are up to date. Also to follow up if no</i>	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Paul A. Aguino

Administrator/Owner

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If continuation sheet 1 of 3

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Y 105	Continued From Page 1 caregivers had background checks completed (Employee #3). Severity: 2 Scope: 3	Y 105	<i>results of fingerprinting arrives in 3 months. (C) 4/13/09.</i>	
Y 877 SS=D	449.2742(5) OTC medications & Dietary Supplements NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This RULE: is not met as evidenced by: Based on record review and interview on 03/31/09, the facility failed to obtain a physician order to administer an over-the-counter medication to 1 of 5 residents (Resident #4). Severity: 2 Scope: 1	Y 877	<i>Y 877 (A) Resident #4 has an order to take the tablet Calcium, Zinc, magnesium w/vitamin D. Obtained order from physician. (B) Get a medication script from the</i>	

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Y 936	Continued From Page 2	Y 936	<i>resident's physician before administering any drug. (Attachment #3) (C) 4/6/09</i>	
Y 936 SS=F	<p>449.2749(1)(e) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This RULE: is not met as evidenced by: Based on record review and interview on 03/31/09, the facility failed to ensure 2 of 5 residents complied with NAC 441A.380 regarding tuberculosis (Resident #1 and #2).</p> <p>Severity: 2 Scope: 3</p>	Y 936		
			<p><i>Y936</i></p> <p><i>(A) Resident 1 & 2 have been given TB testing. (Attachment 4, 5)</i></p> <p><i>(B) A resident's audit sheet will be placed next to resident face sheet in chart. Will be reviewed with monthly filings. (C) 4/14/09</i></p>	

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